



MISSOURI VETERANS COMMISSION  
**APPLICATION FOR ADMISSION  
TO MISSOURI VETERANS HOME**

Please indicate choice in box (1st, 2nd, etc.)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> CAMERON        | <input type="checkbox"/> ST. JAMES   |
| <input type="checkbox"/> CAPE GIRARDEAU | <input type="checkbox"/> ST. LOUIS   |
| <input type="checkbox"/> MEXICO         | <input type="checkbox"/> WARRENSBURG |
| <input type="checkbox"/> MT. VERNON     |                                      |

DATE

**INSTRUCTIONS**

Applications are processed in compliance with the provisions of 38 CFR, Part 18, Subparts A, D and E, prohibiting discrimination on the basis of race, color, sex, national origin, handicap or age.

STAPLE ATTACHMENTS HERE

1. Application must be typewritten or printed in ink.
2. Applicant must meet criteria required for veterans status by the United States Department of Veterans Affairs. **Attach copy of military separation document (DD214 or equivalent) showing dates of active duty and character of service.** (If assistance is needed, contact Missouri Veteran Service Officer.)
3. Applicant must have maintained physical residency in Missouri for a minimum of 180 days. **Attach proof of residency.**
4. Applicant must need nursing home care. **Have examining physician, licensed nurse, or physician's assistant complete and send "Health Care Information" form to veterans home.**
5. **Complete "Financial Information" form and submit to veterans home.** (If assistance is needed, contact Missouri Veterans Home).
6. If applicant has guardian, conservator, durable power of attorney or health care directives, **attach copies of legal documents establishing such authority.**
7. Applicant needs to be informed of the Privacy Practices of MVC. **Attach acknowledgement of Privacy Notice, or attempts to obtain acknowledgement**

**GENERAL INFORMATION**

In compliance with the eligibility requirements, I do hereby apply for admission to the Missouri Veterans Home designated above, and declare the following statements to be true:

NAME				SOCIAL SECURITY NUMBER	
PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)				TELEPHONE NUMBER HOME WORK	
CITY		STATE	ZIP CODE	COUNTY	
DATE OF BIRTH	PLACE OF BIRTH	SEX	MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED DATE: DATE:
NAME OF SPOUSE			SPOUSE'S DATE OF BIRTH	SPOUSE'S SOCIAL SECURITY NUMBER	
SPOUSE'S ADDRESS				PLACE OF MARRIAGE	
CITY		STATE	ZIP CODE	DATE OF MARRIAGE	
HAVE YOU MAINTAINED PHYSICAL RESIDENCY IN MISSOURI FOR 180 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO				VA CLAIM NUMBER C-	

**MILITARY SERVICE INFORMATION (To be completed only if legible DD214 is not available)**

BRANCH AND SERVICE NUMBER	DATE OF ENLISTMENT	PLACE OF ENLISTMENT	DATE OF DISCHARGE	PLACE OF DISCHARGE	RANK	TYPE OF DISCHARGE

**INSURANCE INFORMATION**

DO YOU HAVE MEDICARE? <input type="checkbox"/> NO <input type="checkbox"/> PART A <input type="checkbox"/> PART B	MEDICARE NUMBER	EFFECTIVE DATE(S)
OTHER INSURANCE: NAME OF COMPANY	POLICY NUMBER	GROUP NUMBER

Certain services provided by entities other than the veterans home may be billed to Medicare Part B and/or other supplemental insurance.

**MEDICAL INFORMATION**

HAVE YOU BEEN HOSPITALIZED WITHIN THE PAST YEAR? <input type="checkbox"/> NO <input type="checkbox"/> YES	ADMITTING DATE	DISCHARGE DATE	HAVE YOU RESIDED IN A NURSING HOME WITHIN THE PAST YEAR? <input type="checkbox"/> NO <input type="checkbox"/> YES	ADMITTING DATE	DISCHARGE DATE
---	----------------	----------------	---	----------------	----------------

**LIST NAME AND ADDRESS OF FACILITY**

FACILITY NAME		
ADDRESS		
CITY	STATE	ZIP CODE

**LIST NAME AND ADDRESS OF FACILITY**

FACILITY NAME		
ADDRESS		
CITY	STATE	ZIP CODE

**EMERGENCY INFORMATION**

**List two persons to be notified in an emergency.** (If applicant has a guardian, conservator, or power of attorney, list this person first. Attach copies of the legal documents establishing such.)

NAME			RELATIONSHIP
ADDRESS			HOME PHONE
CITY	STATE	ZIP CODE	WORK PHONE
NAME			RELATIONSHIP
ADDRESS			HOME PHONE
CITY	STATE	ZIP CODE	WORK PHONE

**BURIAL INFORMATION**

NAME OF UNDERTAKER	TELEPHONE	DESIRED LOCATION OF BURIAL
ADDRESS OF UNDERTAKER		

**SIGNATURE**

I fully understand all requirements that must be met and all qualifications that must be possessed by an applicant for admission to a Missouri Veterans Home. I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief. This application is my free and voluntary act. I understand that verification of current financial information must be provided upon admission to the Missouri Veterans Home.

SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE	DATE
WITNESS IF SIGNED BY AN "X"	DATE
WITNESS IF SIGNED BY AN "X"	DATE

**NOTARY INFORMATION (MO Veteran Service Officer may sign in lieu of notary)**

NOTARY PUBLIC EMBOSSEY OR BLACK RUBBER STAMP	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

**SEND APPLICATION TO 1ST CHOICE HOME ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Missouri Veterans Home<br>1111 Euclid<br>Cameron, MO 64429<br>(816) 632-6010 FAX (816) 632-1361                          | <input type="checkbox"/> Missouri Veterans Home<br>620 North Jefferson<br>St. James, MO 65559<br>(573) 265-3271 FAX: (573) 265-5771         |
| <input type="checkbox"/> Missouri Veterans Home<br>2400 Veterans Memorial Drive<br>Cape Girardeau, MO 63701<br>(573) 290-5870 FAX: (573) 290-5909 | <input type="checkbox"/> Missouri Veterans Home<br>10600 Lewis and Clark Blvd.<br>St. Louis, MO 63136<br>(314) 340-6389 FAX: (314) 340-6379 |
| <input type="checkbox"/> Missouri Veterans Home<br>#1 Veterans Drive<br>Mexico, MO 65265<br>(573) 581-1088 FAX: (573) 581-5356                    | <input type="checkbox"/> Missouri Veterans Home<br>1300 Veterans Road<br>Warrensburg, MO 64093<br>(660) 543-5064 FAX (660) 543-5075         |
| <input type="checkbox"/> Missouri Veterans Home<br>1600 South Hickory<br>Mt. Vernon, MO 65712<br>(417) 466-7103 FAX: (417) 466-4040               |   |